| | m 481 - Carrier Annual Reporting ollection Form | | FCC Form 481 OMB Control No. 3060-09 July 2013 | 986/OMB Control No. 3060-0819 |
|---|---|--|---|---|
| <010> | Study Area Code | 502283 | | |
| <015> | Study Area Name | SKYLINE TELECOM | | |
| <020> | Program Year | 2014 | | |
| <030> | Contact Name: Person USAC should contact with questions about this data | Blake Madsen | | |
| <035> | Contact Telephone Number: Number of the person identified in data line <03 | 4354270652 0> | | |
| <039> | Contact Email Address: Email of the person identified in data line <030> | b.madsen@cut.net | | |
| | | | | 54.313 54.422 |
| ANNUA | L REPORTING FOR ALL CARRIERS | | | Completion Completion Required Required |
| <100> | Service Quality Improvement Reporting | (complete attached wo | rksheet) | (check box when complete) |
| <200> <210> | Outage Reporting (voice) < check box | (complete attached wo | rksheet) | V |
| <300> <310> <320> <330> | Detail of Attempts (voice) | 0 | | v v v v v v v v v v v v v v v v v v v |
| <400> <410> <420> <430> <430> <440> <450> | Number of Complaints per 1,000 customers (void Fixed Mobile Number of Complaints per 1,000 customers (bro Fixed Mobile | | | v v |
| <500> <510> <600> <610> <700> <710> <800> <1000> <1010> <1110> <1110> | Service Quality Standards & Consumer Protectio 502283ut510 Functionality in Emergency Situations 502283ut610 Company Price Offerings (voice) Company Price Offerings (broadband) Operating Companies and Affiliates Tribal Land Offerings (Y/N)? Voice Services Rate Comparability Terrestrial Backhaul (Y/N)? Terms and Condition for Lifeline Customers | n Rules Compliance (check to indicate certi, (attached descriptive do (check to indicate certi, (attached descriptive do (complete attached wo (complete attached wo (fif yes, complete attached wo (check to indicate certi, (attach descriptive do (if not, check to indicate certi, (complete attached wo | cument) fication) cument) rksheet) rksheet) rksheet) rksheet) fication) cument) fication) | |
| <2000> <2005> | Price Cap Carriers, Proceed to Price Cap Addition Including Rate-of-Return Carriers affiliated with R | Price Cap Local Exchange Carriers (check to indicate certi, (complete attached wo | | |
| <3000> <3005> | | (check to indicate certi, (complete attached wo | | , , , , , , , , , , , , , , , , , , , |

| | ervice Quality Improvement Reporting Illection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|-------|--|--|
| <010> | Study Area Code 502283 | |
| <015> | Study Area Name SKYLINE TEL | ЮМ |
| <020> | Program Year 2014 | |
| <030> | Contact Name - Person USAC should contact regarding this data Blake | Madsen |
| <035> | Contact Telephone Number - Number of person identified in data line <030> 435 | 270652 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> b | adsen@cut.net |
| <110> | Has your company received its ETC certification from the FCC? | (yes / no) |
| <111> | If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC? | (yes / no) O |
| <112> | If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service. Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your con CETC which only receives frozen support, your progress report is only required to address voice telephony service. | pany is a |
| | Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate. | Name of Attached Document (.pdf) |
| <113> | Maps detailing progress towards meeting plan targets | |
| <114> | Report how much universal service (USF) support was received | |
| <115> | How (USF) was used to improve service quality | |
| <116> | How (USF)was used to improve service coverage | |
| <117> | How (USF) was used to improve service capacity | |
| <118> | Provide an explanation of network improvement targets not met in the prior calendar year. | |

| (200) Service Outage Reporting (Voice) | FCC Form 481 |
|--|---|
| Data Collection Form | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
| | July 2013 |

| <010> | Study Area Code | 502283 | | |
|-------|--|-----------------|--|--|
| <015> | Study Area Name | SKYLINE TELECOM | | |
| <020> | Program Year | 2014 | | |
| <030> | Contact Name - Person USAC should contact regarding this data | Blake Madsen | | |
| <035> | Contact Telephone Number - Number of person identified in data line <030> 4354270652 | | | |
| <039> | Contact Email Address - Email Address of person identified in data line <030> b.madsen@cut.net | | | |

| <220> | <a> | <b1></b1> | <b2></b2> | <b3></b3> | <b4></b4> | <c1></c1> | <c2></c2> | <d></d> | <e></e> | <f></f> | <g></g> | <h>></h> |
|-------|-----------|--------------|--------------|------------|------------|---------------------------|------------------------|----------------|--------------------|-----------------|----------------|--------------|
| | NORS | | | | | | | | | Did This Outage | | |
| | Reference | Outage Start | Outage Start | Outage End | Outage End | Number of | | 911 Facilities | Service Outage | Affect Multiple | | |
| | Number | Date | Time | Date | Time | Customers Affected | Total Number of | Affected | Description (Check | | Service Outage | Preventative |
| | | | | | | | Customers | (Yes / No) | all that apply) | (Yes / No) | Resolution | Procedures |
| | | | | | | | | | | | | |
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| (700) Price Offerings including Voice Rate Data | FCC Form 481 |
|---|--|
| Data Collection Form | OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |

| <010> | Study Area Code | 502283 |
|-------|---|------------------|
| <015> | Study Area Name | SKYLINE TELECOM |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Blake Madsen |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 4354270652 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | b.madsen@cut.net |
| | | |

<701> Residential Local Service Charge Effective Date
<702> Single State-wide Residential Local Service Charge

<703>

| | <a1></a1> | <a2></a2> | <a3></a3> | <b1></b1> | <b2></b2> | <b3></b3> | <b4></b4> | <b5></b5> | <c></c> |
|---|-----------|-----------------|------------|-----------|-------------------|------------------------------|-----------------------------|-------------------------|-------------------------------|
| | | | | | Residential Local | | | Mandatory Extended Area | |
| | State | Exchange (ILEC) | SAC (CETC) | Rate Type | Service Rate | State Subscriber Line Charge | State Universal Service Fee | Service Charge | Total per line Rates and Fees |
| | | | | | | | | | |
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| (710) Broadband Price Offerings | FCC Form 481 |
|---------------------------------|---|
| Data Collection Form | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
| | July 2013 |

| <010> | Study Area Code | 502283 | | |
|-------|--|-----------------|--|--|
| <015> | Study Area Name | SKYLINE TELECOM | | |
| <020> | Program Year | 2014 | | |
| <030> | Contact Name - Person USAC should contact regarding this data | Blake Madsen | | |
| <035> | Contact Telephone Number - Number of person identified in data line <030> 4354270652 | | | |
| <039> | Contact Email Address - Email Address of person identified in data line <030> b.madsen@cut.net | | | |

| 744 | . 4. | | 1.4 | 12 | | . 14. | . 10. | . 10: | . 14: |
|-------|-----------|-----------------|------------------|-------------------------|---------------------|---|--|-------------------------|---|
| <711> | <a1></a1> | <a2></a2> | <b1></b1> | <b2></b2> | <c></c> | <d1></d1> | <d2></d2> | <d3></d3> | <d4></d4> |
| | State | Exchange (ILEC) | Residential Rate | State Regulated Fees | Total Rate and Fees | Broadband Service - Download Speed (Mbps) | Broadband Service - Upload Speed (Mbps) | Usage Allowance (GB) | Usage Allowance Action Taken When Limit Reached {select } |
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| (800) Op | erating Companies | | FCC Form 481 | |
|-----------|-------------------------|---|-----------------------|---|
| Data Coll | ection Form | | | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
| | | | | July 2013 |
| <010> | Study Area Code | | 502283 | |
| <015> | Study Area Name | | SKYLINE TELECOM | · |
| <020> | Program Year | | 2014 | |
| <030> | Contact Name - Person | USAC should contact regarding this data | Blake Madsen | |
| <035> | Contact Telephone Nun | nber - Number of person identified in data line < | 030> 4354270652 | |
| <039> | Contact Email Address - | Email Address of person identified in data line < | 030> b.madsen@cut.net | |
| <810> | Reporting Carrier | Skyline Telecom | | |
| <811> | Holding Company | LICT | · | · |
| <812> | Operating Company | Skyline Telecom | | |

| <813> | <a1></a1> | <a2></a2> | <a3></a3> |
|-------|------------|---------------|--|
| | Affiliates | SAC | Doing Business As Company or Brand Designation |
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| | bal Lands Reporting lection Form | | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|----------------|---|------------------------------|--|
| <010> | Study Area Code | 502283 | |
| <015> | Study Area Name | SKYLINE TELECOM | |
| <020> | Program Year | 2014 | |
| <030> | Contact Name - Person USAC should contact regarding this data | Blake Madsen | |
| <035> | Contact Telephone Number - Number of person identified in data line | e <030> 4354270652 | |
| <039> | Contact Email Address - Email Address of person identified in data lin | e <030> b.madsen@cut.net | |
| <910> | Tribal Land(s) on which ETC Serves | Skull Valley Ban | d of Goshute Indians |
| <920> | Tribal Government Engagement Obligation If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes: | 502283ut920 Name of Attache | ed Document (.pdf) |
| <921> | Needs assessment and deployment planning with a focus on Tribal community anchor institutions; | Select (Yes,No, NA) | |
| <922> | Feasibility and sustainability planning; | Yes | |
| <923> | Marketing services in a culturally sensitive manner; | Yes | |
| <924> | Compliance with Rights of way processes | Yes | |
| | Compliance with Land Use permitting requirements | Yes | |
| <925> | | Yes | |
| <925> <926> | Compliance with Facilities Siting rules | ies | |
| | | Yes | |
| <926> | Compliance with Facilities Siting rules Compliance with Environmental Review processes Compliance with Cultural Preservation review processes | | |

| | o Terrestrial Backhaul Reporting ection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-081 | 9 |
|--------|---|--|---|
| | | July 2013 | |
| <010> | Study Area Code | 502283 | |
| <015> | Study Area Name | SKYLINE TELECOM | |
| <020> | Program Year | 2014 | |
| <030> | Contact Name - Person USAC should contact regarding this data | Blake Madsen | |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 4354270652 | |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | b.madsen@cut.net | |
| <1120> | Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G) | | |
| <1130> | Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G) | | |

| (1200) Te | (1200) Terms and Condition for Lifeline Customers FCC Form 481 | | | |
|----------------|--|-----------|--------------------------------------|---|
| Lifeline | | | | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
| Data Coll | ection Form | | | July 2013 |
| <010> | Study Area Code | | 502283 | |
| <015> | Study Area Name | | SKYLINE TELECOM | |
| <020> | Program Year | | 2014 | |
| <030> | Contact Name - Person USAC should contact regarding this data | | Blake Madsen | |
| <035> | Contact Telephone Number - Number of person identified in data | line <030 | > 4354270652 | |
| <039> | Contact Email Address - Email Address of person identified in data | line <030 |)> b.madsen@cut.net | |
| 41210 5 | Towns 9. Conditions of Voice Telephony Lifeline Dlane | | 502283UT1210 | |
| <1210> | Terms & Conditions of Voice Telephony Lifeline Plans | - | Name of attached document (.pdf) | |
| | | | | |
| <1220> | Link to Public Website | HTTP_ | http://www.centracom.com/lifeline/te | rmspdf/skyline |
| | "Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report: | | | |
| <1221> | Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, | ~ | | |
| <1222> | Details on the number of minutes provided as part of the plan, | ~ | | |
| <1223> | Additional charges for toll calls, and rates for each such plan. | V | | |

| (2000) Pr | rice Cap Carrier Additional Documentation | FCC Forms 404 | | | | |
|-----------|--|---|--|--|--|--|
| , | | | | | | |
| | OMB Control No. 3060-0986/OMB Control No. 3060-0819 | | | | | |
| Including | Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers | July 2013 | | | | |
| | | | | | | |
| <010> | Study Area Code 502283 | | | | | |
| <015> | Study Area Name SKYLIN | E TELECOM | | | | |
| <020> | Program Year 2014 | | | | | |
| <030> | Contact Name - Person USAC should contact regarding this data Blake M | ladsen | | | | |
| <035> | Contact Telephone Number - Number of person identified in data line <030> 435 | 4270652 | | | | |
| <039> | Contact Email Address - Email Address of person identified in data line <030> b.m | adsen@cut.net | | | | |
| | | | | | | |
| | | | | | | |
| CHECK +I | ne hoves helow to note compliance as a recipient of Incremental Connect America Ph | ase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II | | | | |
| CHECK | · · · · · · · · · · · · · · · · · · · | information reported on this form and in the documents attached below is accurate. | | | | |
| | 54pport 45 551 101 111 17 51 11 3 5 110-5(4/)(4/)(4/) 1115 | | | | | |
| | | | | | | |
| | Incremental Connect America Phase I reporting | | | | | |
| <2010> | 2nd Year Certification {47 CFR § 54.313(b)(1)} | | | | | |
| <2011> | 3rd Year Certification {47 CFR § 54.313(b)(2)} | <u></u> | | | | |
| | 5 · · · · · · · · · · · · · · · · · · · | | | | | |
| | Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a)) | | | | | |
| <2012> | 2013 Frozen Support Certification | | | | | |
| <2013> | 2014 Frozen Support Certification | | | | | |
| <2014> | 2015 Frozen Support Certification | | | | | |
| <2015> | 2016 and future Frozen Support Certification | | | | | |
| | | | | | | |
| | Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)} | | | | | |
| <2016> | Certification Support Used to Build Broadband | | | | | |
| | | | | | | |
| | Connect America Phase II Reporting {47 CFR § 54.313(e)} | | | | | |
| <2017> | 3rd year Broadband Service Certification | | | | | |
| <2018> | 5th year Broadband Service Certification | | | | | |
| <2019> | Interim Progress Certification | | | | | |
| <2020> | Please check the box to confirm that the attached PDF, on line 2021, | | | | | |
| | contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipie | nt | | | | |
| | of CAF Phase II support shall provide the number, names, and addresses of | | | | | |
| | community anchor institutions to which began providing access to broadban | d | | | | |
| | service in the preceding calendar year. | | | | | |
| <2021> | Interim Progress Community Anchor Institutions | Name of Attached Document Listing Required Information | | | | |
| | , | <u> </u> | | | | |
| | | | | | | |

| (3000) Ra | 3000) Rate Of Return Carrier Additional Documentation FCC Form 481 | | | | |
|----------------------------|---|---|---|--|--|
| Data Coll | ection Form | | OMB Control No. 3060-0986/OMB Control No. 3060-0819 | | |
| | | | July 2013 | | |
| _ | 502283 | | | | |
| <010> | Study Area Code | TIPL EGOM | | | |
| <015> <020> | Study Area Name SKYLINE ' Program Year 2014 | TELECOM | | | |
| <020> | | ake Madsen | | | |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 4354270652 | | | |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | b.madsen@cut.net | | | |
| CHECK t | he boxes below to note compliance on its five year service quality plan (pursua CFR § 54.313(f)(2). I further certify that | ant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring the information reported on this form and in the documents attach | | | |
| | Progress Report on 5 Year Plan | | | | |
| (3010) | Milestone Certification {47 CFR \S 54.313{f}(1)(i)} Please check this box to confirm that the attached PDF , on line 3012, | Name of Attached Document Listing Required Information | | | |
| (3011) | contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. | | | | |
| (3012) (3013) (3014) | Community Anchor Institutions {47 CFR § 54.313{f}(1)(ii)} Is your company a Privately Held ROR Carrier {47 CFR § 54.313{f}(2)} If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires: | Name of Attached Document Listing Required Information | (Yes/No) (Yes/No) | | |
| (3015) | Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) | | | | |
| (3016) | PDF of Balance Sheet, Income Statement and Statement of Cash Flows | | | | |
| (3017) (3018) | If the response is yes on line 3014, attach your company's RUS annual report and all required documentation If the response is no on line 3014, Is your company audited? | Name of Attached Document Listing Required Information | (Yes/No) | | |
| | If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: | | | | |
| (3019) | Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications | | | | |
| (3020) | PDF of Balance Sheet, Income Statement and Statement of Cash Flows | | | | |
| (3021) | Management letter issued by the independent certified public accountant that performed the company's financial audit. | | | | |
| (3022) (3023) (3024) | If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, Underlying information subjected to a review by an independent certified public accountant Underlying information subjected to an officer certification. | | | | |
| (3025) | PDF of Balance Sheet, Income Statement and Statement of Cash Flows | | | | |
| | | | | | |
| (3026) | Attach the worksheet listing required information | Name of Attached Document Listing Required Information | | | |

Page 11 10/14/2013

| Certification - Reporting Carrier Data Collection Form | | ier | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|---|--|---|--|
| <010> | Study Area Code | 502283 | |
| <015> | Study Area Name | SKYLINE TELECOM | |
| <020> | Program Year | 2014 | |
| <030> | Contact Name - Pers | on USAC should contact regarding this data Blake Madsen | |
| <035> | 35> Contact Telephone Number - Number of person identified in data line <030> 4354270652 | | |
| <039> | 39> Contact Email Address - Email Address of person identified in data line <030> b.madsen@cut.net | | |

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. SKYLINE TELECOM Name of Reporting Carrier: CERTIFIED ONLINE 10/14/2013 Signature of Authorized Officer: Date Printed name of Authorized Officer: Eddie Cox Title or position of Authorized Officer: President Telephone number of Authorized Officer: 435-427-0550 502283 10/15/2013 Study Area Code of Reporting Carrier: Filing Due Date for this form: Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

| | ion - Agent / Carrier ection Form | | | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|-------|---|---|------------------|--|
| <010> | Study Area Code | 502283 | | |
| <015> | Study Area Name | SKYLINE TELECOM | | |
| <020> | Program Year | 2014 | | |
| <030> | Contact Name - Person USA | C should contact regarding this data Blak | e Madsen | |
| <035> | OSS> Contact Telephone Number - Number of person identified in data line <030> 4354270652 | | 4354270652 | |
| <039> | Contact Email Address - Ema | ail Address of person identified in data line <030> | b.madsen@cut.net | |

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

| I certify that (Name of Agent) also certify that I am an officer of the reporting carr agent; and, to the best of my knowledge, the report | is authorized to submit the information reported on behalf of the reporting c y responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent is accurate. | |
|--|---|--|
| Name of Authorized Agent: | | |
| Name of Reporting Carrier: | | |
| Signature of Authorized Officer: | Date: | |
| Printed name of Authorized Officer: | | |
| Title or position of Authorized Officer: | | |
| Telephone number of Authorized Officer: | | |
| Study Area Code of Reporting Carrier: | Filing Due Date for this form: | |
| Persons willfully making false statements on this fo | n be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | |

TO BE COMPLETED BY THE AUTHORIZED AGENT:

| Certification of Agent | Authorized to File Annual Reports for CAF or LI Recipients | on Behalf of Reporting Carrier |
|---|---|---|
| | norized to submit the annual reports for universal service support reci reporting carrier; and, to the best of my knowledge, the information r | |
| Name of Reporting Carrier: | | |
| Name of Authorized Agent or Employee of Agent: | | |
| ignature of Authorized Agent or Employee of Agent: Date: | | |
| Printed name of Authorized Agent or Employee of Agent: | | |
| Title or position of Authorized Agent or Employee of Agen | t | |
| Telephone number of Authorized Agent or Employee of A | gent: | |
| Study Area Code of Reporting Carrier: | Filing Due Date for this form: | |
| Persons willfully making false statements on this form | n can be punished by fine or forfeiture under the Communications Act of 1934 18 of the United States Code, 18 U.S.C. § 1001. | , 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title |

Attachments

File name: 502283ut310.pdf

Skyline Telecom Line 310 – Unfulfilled Voice Telephony Service Requests Resolution

As required in 47 C.F.R. § 54.313(a)(3), the following provides the detailed description of how the Company attempted to provide service to potential customers whose initial requests for service were unfulfilled in 2012 in the service area in which the Company is designated as an ETC for facilities that the Company owns, operates, leases, or otherwise utilizes.

The first step in the process of providing service was to have the Company's technical staff determine if current facilities exist to the customer location. Based on the analysis, once it was determined that facilities do not currently exist, a route feasibility analysis is prepared including an estimate of what facilities would be needed and the cost to build to the customer. If the cost to build to that customer exceeds the amount for which Aid to Construction is to be paid by the customer as determined in the Company's tariff, an Aid to Construction proposal document was prepared and submitted to the customer to determine if the Customer was willing to pay a portion of the costs, as defined by the tariff. If the customer was willing to pay the Aid to Construction, as required by the tariff, the company proceeded applying for the appropriate permit(s) after checking easements, rights-of-way, etc. If the customer was not willing to pay the Aid to Construction, the customer was informed that the service cannot be installed at this time. The customer was encouraged to check with neighbors to see if others in their area would like service since multiple customer requests would reduce the cost to serve the customer.

DELAYS DUE TO PERMITS: In some cases, service installations become delayed due to permit(s) that are required to install the new facilities. The Company works with a myriad of government agencies and cannot install new facilities absent the appropriate government permit(s). In those cases, the Company informs the customer that we are awaiting permit(s) and that the facilities will be installed once the appropriate permit(s) are obtained. In some cases, the governmental agency has taken multiple years to approve permit(s).

Please note that since the Company's territory is extremely rural, in areas where the Company does not own facilities, it is not possible to lease facilities from other companies since there are no other service providers in those extremely remote areas.

File name: 502283ut510.pdf

Skyline Telecom

Compliance with Service Quality Standards and Consumer Protection

As required in 47 C.F.R. § 54.313(a)(5) for High-cost Recipients, the following is a detailed description of how the Company complies with Service Quality Standards and Consumer Protection Rules.

SERVICE QUALITY STANDARDS: While as an incumbent rural telecommunications carrier in the state of Utah, the Company is exempted from the State Commission's requirements for service quality. The Company has established internal goals that are consistent with Utah Public Service Commission Rules 54-8b-3.3 used for the non-rural telecommunications carriers. As such, the Company believes it is in compliance with industry service quality standards.

CONSUMER PROTECTION RULES:

The Company developed and implemented a Customer Proprietary Network Information ("CPNI") Compliance Manual and has appointed a CPNI Compliance Officer. Annually, the Company requires all employees to certify that they have reviewed and understand the CPNI Compliance Manual and that they understand that any violation of the Company's CPNI procedures may result in disciplinary action up to and including dismissal. The Company files an annual report with the Federal Communications Commission ("FCC") certifying compliance with the FCC's CPNI rules.

The Company also developed and implemented an Identity Theft Prevention Program Manual and has appointed a Red Flag Coordinator. Annually, the Company requires all employees certify that they have reviewed and understand the Identity Theft Prevention Program Manual. Further, employees must certify that they understand that any violation of the Company's identity theft prevention procedures may result in disciplinary action up to and including dismissal.

File Name: 502283ut610.pdf

Skyline Telecom Line 610 – Functionality in Emergency Situations

As required in 47 C.F.R. § 54.313(a)(6) for all high cost recipients, which includes the Company, and as set forth in 47 C.F.R. § 54.202(a)(2), the following provides a detailed description demonstrating that the Company has the ability to remain functional in emergency situations, including a demonstration that 1) it has a reasonable amount of back-up power to ensure functionality without an external power source, 2) is able to reroute traffic around damaged facilities, and 3) is capable of managing traffic spikes resulting from emergency situations.

OVERALL RESPONSE TO EMERGENCY SITUATIONS: The Company has a comprehensive disaster recovery plan (also called a "continuity plan") that was developed and implemented for the Company specifically to deal with emergencies. It has detailed, specific steps that are to be taken for each type of emergency.

POWER: In order to function in an emergency, the Company has a combination of batteries and emergency generators. Most locations have permanent emergency generators with fuel tanks; whereas, other locations require a portable generator to be brought to the location to recharge the on-site batteries. The company owns several portable generators that technicians can take out to recharge the batteries. For example, the company's central offices have automatic stand-by generators to run the entire offices. The digital loop carrier ("DLC") sites also have battery back-up.

REROUTING TRAFFIC AND REDUNDANCY: The Company has established 100% redundant E-911 trunks and SS-7 routes. It is important to understand that E-911 trunks have redundancy, but they do not have diverse routes. 911 trunk groups all over flow if a busy or fault condition occurs. They are not route diversified but could be if Centurylink would work with us on that.

In addition, the network was designed with redundancy, wherever possible, especially in the backbone network; however, there is not 100% diversified facilities. In most cases, where it is not redundant or diverse, the Company has the ability to redirect most backbone traffic. In cases where there is no redundancy or diversity, it is due to the extreme cost of a 100% redundant and diverse network.

Loop plant to the customer location is typically not redundant, especially for residential customers. This is because it would not be cost effective to build totally separate facilities for the "last mile" to the customer.

MANAGING TRAFFIC SPIKES: The Company realizes that when a catastrophe happens, everyone immediately tries to contact friends and family to make certain they are all right. The Company has designed the Time-Division Multiplexing ("TDM") network to have excess capacity

on its backbone network. For example, on Mother's Day, the company handles traffic without the customer receiving the "All Trunks Busy" message which demonstrates the Company's ability to handle peak traffic spikes on its TDM voice network.

| (800) Operating Companies | FCC Form 481 |
|---------------------------|---|
| Data Collection Form | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
| | July 2013 |

| • | | |
|-------|----------------------------|---|
| <010> | Study Area Code | 502283 |
| <015> | Study Area Name | SKYLINE TELECOM |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person US | SAC should contact regarding this data Blake Madsen |
| <035> | Contact Telephone Numb | er - Number of person identified in data line <030> 4354270652 |
| <039> | Contact Email Address - En | mail Address of person identified in data line <030> b.madsen@cut.net |
| <810> | Reporting Carrier | Skyline Telecom |
| <811> | Holding Company | LICT |
| <812> | Operating Company | Skyline Telecom |

| <813> | <a1></a1> | <a2></a2> | <a3></a3> |
|-------|--|-----------|--|
| | Affiliates | SAC | Doing Business As Company or Brand Designation |
| | BRETTON WOODS TELEPHONE COMPANY, INC. | 120038 | Bretton Woods, World Surfer |
| | CASSADAGA TELEPHONE COMPANY | 150076 | Cassadaga, DFT, Netsync, DFT Communications |
| | DUNKIRK & FREDONIA TELEPHONE COMPANY | 150091 | Dunkirk & Fredonia Telephone, DFT, Netsync, DFT Communications |
| | UPPER PENINSULA TELEPHONE COMPANY | 310732 | Michigan Broadband Services, UPTC, MCBC, Alphacomm.net |
| | MICHIGAN CENTRAL BROADBAND COMPANY | 310785 | Michigan Broadband Services, MCBC, Alphacomm.net |
| | BELMONT TELEPHONE COMPANY | 330847 | Belmont, LaGrant Connections, LLC |
| | CUBA CITY TELEPHONE EXCHANGE COMPANY | 330872 | Cuba City, LaGrant Connections, LLC |
| | CENTRAL SCOTT TELEPHONE COMPANY | 351125 | Central Scott |
| | CST COMMUNICATIONS, INC. | 359032 | CST Communications, iWireless |
| | INTERCOMMUNITY TELEPHONE COMPANY | 381616 | InterCommunity |
| | HAVILAND TELEPHONE COMPANY, INC. | 411780 | Haviland, Giant Communications, Inc. |
| | J. B. N. TELEPHONE COMPANY, INC. | 411785 | J.B.N., Giant Communications, Inc. |
| | WESTERN NEW MEXICO TELEPHONE COMPANY, INC. | 492268 | WNM Communications |
| | CENTRAL UTAH TEL INC | 502277 | CentraCom Interactive |
| | SKYLINE TELECOM | 502283 | CentraCom Interactive |
| | BEAR LAKE COMM | 503032 | CentraCom Interactive |
| | CAL-ORE TELEPHONE COMPANY | 542311 | Cal-Ore |
| | Giant Communications, Inc. | | Giant |
| | Alpha Enterprises Limited, Inc. | | Alphacomm.net |
| | World Surfer, Inc. | | World Surfer |
| | Netsync Internet Services Corporation | | Netsync |
| | Valley Communications, Inc. | | Valley |
| _ | Central Telcom Services, LLC | | CentraCom Interactive |
| | | | |

| (800) Operating Companies | FCC Form 481 |
|---------------------------|---|
| Data Collection Form | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
| | July 2013 |

| <010> | Study Area Code | 502283 |
|-------|---------------------------|---|
| <015> | Study Area Name | SKYLINE TELECOM |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person US | SAC should contact regarding this data Blake Madsen |
| <035> | Contact Telephone Numb | er - Number of person identified in data line <030> 4354270652 |
| <039> | Contact Email Address - E | mail Address of person identified in data line <030> b.madsen@cut.net |
| <810> | Reporting Carrier | Skyline Telecom |
| <811> | Holding Company | LICT |
| <812> | Operating Company | Skyline Telecom |

| <813> | <a1></a1> | <a2></a2> | <a3></a3> |
|-------|--------------------------------|-----------|--|
| | Affiliates | SAC | Doing Business As Company or Brand Designation |
| _ | LaGrant Connections, LLC | | LaGrant Connections, LLC |
| _ | WNM Communications Corporation | | WNM Communications |
| _ | Cal-Ore Communications, Inc. | | Cal-Ore Communications |
| | WAPSI Wireless, LLC | 359041 | iWireless |
| _ | CS Technologies, Inc. | | CS Technologies |
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File name: 502283ut920.pdf

SKYLINE TELECOM Line 920 – Tribal Land Issues

As required in 47 C.F.R. § 54.313(a)(9), the following provides the detailed description of the efforts by the Company related to discussions with Tribal governments that, at a minimum, included: (i) A needs assessment and deployment planning with a focus on Tribal community anchor institutions; (ii) Feasibility and sustainability planning; (iii) Marketing services in a culturally sensitive manner; (iv) Rights of way processes, land use permitting, facilities siting, environmental and cultural preservation review processes; and (v) Compliance with Tribal business and licensing requirements. Tribal business and licensing requirements include business practice licenses that Tribal and non-Tribal business entities, whether located on or off Tribal lands, must obtain upon application to the relevant Tribal government office or division to conduct any business or trade, or deliver any goods or services to the Tribes, Tribal members, or Tribal lands. These include certificates of public convenience and necessity, Tribal business licenses, master licenses, and other related forms of Tribal government licensure.

Line 921 - Needs Assessment and Deployment Planning: The Company's actions to address needs assessment and deployment planning with a focus on tribal community anchor institutions for the tribal land network are as follows: In October of 2012 we contacted Ms. Lori Bear, current Chairperson for the Skull Valley Band of Goshute Indians at least three times by telephone in an attempt to set up a meeting with her and other tribal authorities to discuss the following (i) A needs assessment and deployment planning with a focus on Tribal community anchor institutions; (ii) Feasibility and sustainability planning; (iii) Marketing services in a culturally sensitive manner; (iv) Rights of way processes, land use permitting, facilities siting, environmental and cultural preservation review processes; and (v) Compliance with Tribal business and licensing requirements. Ms. Bear agreed to such a meeting to be held on 15 Nov. 2012 at the tribe's offices located in Tooele, Utah. On the two days prior to the meeting our Community Development Director, Steven J. Clark, emailed Ms. Bear reminders of the meeting and received Ms. Bear's positive response and acknowledgement concerning the meeting. Mr. Clark was at the tribal offices in Tooele at 10:00 a.m., the appointed time for the meeting, and found the tribal offices locked with no one present. Mr. Clark waited at the tribal offices until 12:00 p.m. He made two telephone calls to Ms. Bear's residence which went unanswered. At 12:00 p.m. Mr. Clark called and left a message that he would contact her in the next day or two to reschedule the meeting and asked that she call him. Upon Mr. Clark's return to our office he emailed Ms. Bear and attached for her review a copy of the Agenda for the missed meeting listing the five topics mentioned above. The email stated that if they (the tribe) desired, we could conduct the meeting via conference call. Ms. Bear did not respond to the email. Thereafter we attempted a number of times to contact Ms. Bear by phone but our calls went unanswered and our messages unreturned. Finally, on the advice of our Corporate Sr. Vice-President, Ms. Evelyn Jerden, on 28 November, 2013, we sent Ms. Bear a letter via Certified Mail. The letter explained the tribal engagement policy in detail and asked for her signature if she did not wish further tribal engagement discussions. On 7 February, 2013 the letter was returned to us unclaimed by Ms. Bear. We have not attempted to contact Ms. Bear since that time. Since that time the tribe has made no attempt to contact us in regard to these matters. While our attempts to engage this tribe have been completely unsuccessful, we will continue to make reasonable efforts to do so.

Line 922 – Feasibility and Sustainability Planning: The Company's actions to address feasibility and sustainability planning for the tribal land network are as follows: As discussed above, the Company tried,

without success, to engage the Tribe to discuss if the Tribe is interested in feasibility and sustainability planning discussions.

Line 923 – Marketing Services in an Culturally Sensitive Manner: The Company's actions to address the marketing of services in a culturally sensitive manner in the tribal land are as follows: As discussed above, the Company tried, without success, to engage the Tribe to discuss if the Tribe had any suggestions or ideas for improving the company's marketing efforts and if they would they want to participate in jointly developing marketing materials.

Line 924 – Compliance with Right of Way Processes: As discussed above, the Company's actions to comply with the right-of-way processes for the tribal lands are as follows: As discussed above, the Company tried, without success, to engage the Tribe to discuss right-of-way processes for its tribal lands.

Line 925 – Compliance with Land Use Permitting Requirements: The Company's actions to comply with the land use permitting requirements for the tribal lands are as follows: As discussed above, the Company tried, without success, to engage the Tribe to discuss compliance with the land use permitting requirements for its tribal lands.

Line 926 – Compliance with Facility Siting Rules: The Company's actions to comply with the facilities siting rules for the tribal lands are as follows: As discussed above, the Company tried, without success, to engage the Tribe to discuss compliance with the siting rules for its tribal lands.

Line 927 – Compliance with Environmental Review Processes: The Company's actions to comply with the environmental review processes for the tribal lands are as follows: As discussed above, the Company tried, withoutsuccess, to engage the Tribe to discuss compliance with the environmental review processes for its tribal lands.

Line 928 – Compliance with Cultural Preservation Review Processes: The Company's actions to comply with the cultural preservation review processes for the tribal lands are as follows: As discussed above, the Company tried, without success, to engage the Tribe to discuss compliance with the cultural preservation review processes for its tribal lands.

Line 929 – Compliance with Tribal Business and Licensing Requirements: The Company's actions to comply with the tribal business and licensing requirements for the tribal lands are as follows: As discussed above, the Company tried, without success, to engage the Tribe to discuss if the Tribe believes there are other licenses the Company should acquire to provide telecommunications services on its tribal lands.

Skyline Telecom Lifeline Terms and Conditions

Terms and Conditions

1. GENERAL

Applicable to qualifying low-income subscribers to single party residential service of the Company.

2. RATES

A. Baseline Lifeline is a reduction or credit in the local service charges normally paid by qualifying low-income consumers. The reduction to the normal residential one-party rates are as follows:

Residential Access Lines, Monthly Credit or Discount

Federal Baseline Lifeline Reduction: Federal Subscriber Line Charge (I). State Matching Local Rate Reduction \$3.50.

These reductions or credits are from the normal residential one-party service subscribed to by the consumer. The Federal baseline lifeline reduction shall be used to waive the consumer's Federal End-User Common Line Charge or Subscriber Line Charge. The Company's voice lifeline plan includes unlimited local minutes-of-use within the toll-free calling area. The Company's voice lifeline plan does not include any free minutes-of-use for toll unless a "bundled minutes" package is chosen.

In addition to the above Federal Service Discount, the State may provide an additional discount for eligible consumers, pursuant to Public Service Commission of Utah Rules R746-34l. The State Discount is only provided if it is funded through the State's Universal Service Fund.

In no case will the discount exceed the rate charged for the service subscribed to by each individual.

- B. The following services are included:
 - 1. Single party, voice grade access to the Public Switched Network
 - 2. Access to emergency services
 - 3. Access to operator services
 - 4. Access to interexchange services, unless toll blocking is chosen
 - 5. Access to directory assistance
 - 6. Toll Blocking
- C. Tribal Lifeline
 - 1. Tribal Lifeline will consist of up to an additional \$25 per month, per primary residential connection for qualifying low-income individuals living on qualifying tribal lands.
 - 2. Tribal Lifeline benefits apply to the primary local residential access line. This additional federal Lifeline support will be provided to reduce the qualifying customer's basic monthly service rate to \$1.00 per month. The Company's voice lifeline plan includes unlimited local minutes-of-use within the toll-free calling area. The Company's voice lifeline plan does not include any free minutes-of-use for toll unless a "bundled minutes" package is chosen.

3. ELIGIBILITY REQUIREMENTS

- A. An applicant must meet all of the following criteria in order to qualify for Lifeline Service:
 - 1. The consumer must meet eligibility requirements established in the Public Service Commission of Utah Rules R746-341.
 - 2. To qualify for Lifeline the consumer must participate in one of the following programs:
 - a. Medicaid
 - b. Food stamps
 - c. Supplemental Security Income (SSI)
 - d. Federal public housing assistance
 - e. Low Income Home Energy Assistance Program
 - 3. The customer must be recertified annually by the appropriate state agency.
 - 4. The premises at which the residential service is requested is the applicant's principal place of residence.
 - 5. There is only one telephone line serving the residential premises eligible for the credit. The residential premises shall consist of that portion of an individual house or building or one flat or apartment occupied by a single family or individuals functioning as one domestic unit.

- 6. Tribal Lifeline Eligibility Requirements Residents of tribal lands who qualify for Lifeline based on the requirements listed below are eligible for the Tribal Lifeline benefit if they participate in one of more of the following programs or meet the traditional lifeline eligibility requirements listed above.
 - a. Bureau of Indian Affairs (BIA) general assistance program,
 - b. Tribally administered Temporary Assistance for Needy Families block grant program,
 - c. Head Start programs (only those meeting its income-qualifying standard),
 - d. National School Lunch Program's free lunch program.
- 7. The customer must sign, under penalty of perjury, a document certifying that such customer receives benefits from at least one of the programs above, and lives within a qualifying area. In addition, the customer must also agree to notify the Company if that customer ceases to participate in the qualifying program or programs.
- B. Lifeline will not be furnished on a Foreign Exchange (FEX) basis.
- C. Lifeline service shall not be disconnected for non-payment of toll charges.
- D. If the consumer chooses "toll blocking", the company will not charge a service deposit. Deposits will not be required if customers choose the toll blocking option. No toll blocking charges will be assessed to Lifeline subscribers.

4. FUNDING

The total cost of providing the State Lifeline program shall be funded from the Utah Universal Service Fund.

5. **REGULATIONS**

- A. The Telephone Assistance Program credit will begin with the next billing cycle of the company following the date the Company receives a valid application from the customer or when new service is established for a qualifying customer.
- B. The regular service connection charge, move and change charge, and regulations applicable to the service offerings specified in the tariff will apply. The service connection charge and move and change charge to change to or from this program due to eligibility status will be waived.
- C. The Lifeline credit will be subject to the following restrictions:
 - 1. Applicant must be head of household or person whose name the property or rental agreement resides.
 - 2. Lifeline credit will only be provided to the applicant's principle residence.
 - 3. The credit will only be applicable for one single residential access line.
- 6. The Company will offer Lifeline assistance only during such periods as reimbursement of the discount is available to the Company from Federal and/or State revenue sources.